

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Independence

Primary Registration District No. 3019

City Independence

(No. Indep. Sanitarium)

St. Indep.

Ward Indep.

2. FULL NAME

(a) Residence, No. 1105 So. Main

(Usual place of abode)

St. Main

Ward. Main

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., If of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

N. F. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 25 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

35

34

0

1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marshall Missouri

13. NAME

George Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Joseph Missouri

15. MAIDEN NAME

Emma Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Yorktown Mo.

17. INFORMANT (ADDRESS)

N. F. Phillips

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Woodlawn Cemetery

19. UNDERTAKER (ADDRESS)

George C. Carr

20. FILED

10-29-1937

F. L. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1937 to Oct 26 1937

I last saw him alive on Oct 26 1937 Death is said to have occurred on the date stated above, at 12:45 am

The principal cause of death and related causes of importance were as follows:

Anuria

Date of onset 10/25/37

Other contributory causes of importance:

Diabetic Coma
Diabetes Mellitus

Name of operation

Amid

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George T. Tynan M. D.

(Address) Independence Mo

original

(in a space of seven hours.)

For scientific purposes it may be noted that this patient received 100 units of insulin intravenously and one hundred units subcutaneous together with water in huge amts in vein and under skin and by Levine and yet the glycosuria persisted. Tested every hour the lowest was $\frac{1}{2}\%$. At this point the patient became conscious.

Anuria developed and in spite of glucose and more insulin in vein the kidney block was not broken.